



## **REGISTRATION PACKET**

### ***The Preschool at Forest Park***

---

**Dear Families,**

Please complete the following forms and submit them directly to the Everett Parks & Facilities Department Recreation Office. All forms must be on file with the preschool prior to your child's first day of attendance.

Please take a moment to add your initials next to each form to indicate that you have completed it:

\_\_\_\_\_ Application Form

\_\_\_\_\_ Health History and Emergency Care Plan

\_\_\_\_\_ Child Release Form

\_\_\_\_\_ Hold Harmless & Photograph Release Form

\_\_\_\_\_ Child Immunization Record

\_\_\_\_\_ Registration Agreement

\_\_\_\_\_ Tuition and Fees Agreement

\_\_\_\_\_ 30-Day Notice of Withdrawal or Enrollment Modification Form

Thank you for your assistance, and we look forward to having your child in preschool with us!

**Sincerely,**

**Andie Allred**  
***Recreation Supervisor***  
***Everett Parks & Facilities Department***



The Preschool at Forest Park

Registration: (425) 257-8300 ext 2

Information: (425) 257-8320

[www.everettwa.gov/parks](http://www.everettwa.gov/parks)

---

**APPLICATION FORM**  
***The Preschool at Forest Park***

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ M ☐ F

Please Select Program and Section:

<i>For children ages 3 &amp; 4</i>	<i>For children ages 4 &amp; 5</i>
<input type="checkbox"/> Tuesday/Thursday – 9:30-11:30AM	<input type="checkbox"/> Monday/Wednesday – 9:00-11:30AM
<input type="checkbox"/> Tuesday/Thursday – 12:30-2:30PM	<input type="checkbox"/> Monday/Wednesday – 12:30-3:00PM

**Parent or Guardian 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent or Guardian 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

## **CHILD INFORMATION**

### **School/Group Care**

1. Has your child attended a preschool or been in group care before? (Please include names and dates of other schools or child care centers attended.)

2. How does your child interact with others in a group setting?

3. Has your child had any testing or other evaluation (i.e. developmental, behavioral, speech, hearing, etc) that we should be aware of?

4. What school district do you live in?

### **Social/Emotional**

1. Please describe your child's temperament and personal strengths.

2. Does your child have any significant fears or apprehensions? Please describe.

### **Child Preferences**

1. What does your child love to do? (favorite activities, interests, types of play)

2. How does your child learn best?

### **Family**

1. Who usually cares for your child at home?

2. Names and ages of siblings, including description of child's relationship with siblings.

3. Please describe any significant family events. (i.e. recent move, change in family structure)

4. What discipline methods are used at home? How does your child respond to discipline?

**Independence**

1. What can your child do for him/herself (i.e. dressing, eating, washing hands)?

2. What will your child need help with at school?

**PARENT/GUARDIAN QUESTIONNAIRE**

1. Do you have any concerns about your child's preschool experience?

2. What are you hoping this preschool program will give your child?

3. Is there anything else you would like us to know about your child?

4. Do you have an interest in sharing your work, hobbies, or cultural traditions with your child's class? If yes, please let us know what you would be interested in sharing.

***Thank you for taking the time to complete this application to help acquaint us with your child.***

***Please be sure to keep us informed of any changes in your child's life!***

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_



## **HEALTH HISTORY AND EMERGENCY CARE PLAN**

*This form shall be completed prior to the child's first day of attendance and updated annually and as needed.  
Information contained on the form shall be shared with any person caring for the child.*

**Child's Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Child's Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** ☐ M ☐ F

### **Parent or Guardian 1**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

### **Parent or Guardian 2**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

### **Emergency Contacts** *(Persons who can be notified during program hours when you are unavailable and who live/work within 20 miles of the program)*

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Name of Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Health History:** *Check any special medical conditions that your child may have*

☐ No specific medical condition

☐ Asthma      ☐ Diabetes      ☐ Epilepsy / seizure disorder      ☐ Cerebral palsy / motor disorder

☐ Gastrointestinal or feeding concerns      ☐ Emotional / behavioral disorder including ADD or ADHD

☐ Other condition(s) requiring special care (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\* If your child has an epi-pen, or requires the use of an inhaler they must have it with them in their bag each day that they attend.

**Allergies, Dietary Restrictions, and Food Supplements**

Does your child have any ☐ food, ☐ medication, or ☐ environmental allergies? **(Check all that apply)**

☐ No    ☐ Yes – ***Please list and explain:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CHILD IMMUNIZATION RECORD**

**Please submit your child's immunization record on the first day of preschool attendance:**



## CHILD RELEASE FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**In addition to the child's parents/guardians, I authorize the following people to drop off and pick up my child from school:**

***(Check if NONE ☐)***

<b>Name #1:</b>		Relationship to Child:	
Address:		City/Zip:	
Home Phone:	Cell Phone:	Work Phone:	

<b>Name #2:</b>		Relationship to Child:	
Address:		City/Zip:	
Home Phone:	Cell Phone:	Work Phone:	

<b>Name #3:</b>		Relationship to Child:	
Address:		City/Zip:	
Home Phone:	Cell Phone:	Work Phone:	

<b>Name #4:</b>		Relationship to Child:	
Address:		City/Zip:	
Home Phone:	Cell Phone:	Work Phone:	

### **PARENTAL CONSENT**

I hereby give my consent to the Preschool at Forest Park to release my child into the custody of the individual(s) named above.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



**EVERETT PARKS & FACILITIES DEPARTMENT  
HOLD HARMLESS AGREEMENT**

**Program:** THE PRESCHOOL AT FOREST PARK **Instructors:** CATHERINE KONTEH & JANEL CZISKE

To the fullest extent permitted by law, in consideration of the City of Everett granting me the opportunity of attending or participating in Everett Parks and Facilities Department Programs, to be held from **SEPTEMBER 2023 to MAY 2024**, for the purpose of leisure enjoyment; and recognizing the fact that no benefits are derived by the City of Everett by allowing me to attend or participate, I hereby release and hold harmless the City of Everett, its officers, employees, agents and volunteers from any and all liability claims, damages, costs, and expenses for both personal injury and/or property damage which may arise as a result of my participation in the program. I agree to assume all risks associated with the program.

I certify that the above information is true, correct, and complete. I understand that I may become ineligible for any misrepresentations, falsifications or omissions in the above statements.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release printed above.

**PLEASE PRINT LEGIBLY**

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FAMILY PHYSICIAN**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any known physical, mental or social difficulties, which may affect your child's ability, that special consideration should be given:

\_\_\_\_\_  
\_\_\_\_\_

Any Allergies: \_\_\_\_\_

\_\_\_\_\_

**ALTERNATES**

Name of two alternates (relatives or friends) who may be notified in case a parent or guardian cannot be reached for late pick-up or in an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_ Relationship: \_\_\_\_\_





The Preschool at Forest Park

Registration: (425) 257-8300 ext. 2

Information: (425) 257-8320

[www.everettwa.gov/parks](http://www.everettwa.gov/parks)

## **REGISTRATION AGREEMENT**

### ***The Preschool at Forest Park***

*Please review the following information carefully. This signed agreement will be placed in your child's file and a copy provided for your records upon request. ALL REQUIRED FORMS MUST BE COMPLETED AND ON FILE BEFORE YOUR CHILD'S FIRST DAY OF ATTENDANCE.*

1. I certify that I have read, understood, initialed, and signed the **Tuition and Fees Agreement** and submitted the relevant copy to The Preschool at Forest Park.
2. I certify that I have read and understand The Preschool at Forest Park **Parent Handbook** (viewable online at [www.everettwa.gov/parks](http://www.everettwa.gov/parks)).
3. I agree to all The Preschool at Forest Park's operating policies and procedures as described in the **Parent Handbook**. I agree to comply with all rules and regulations concerning admittance, attendance, health guidelines, sick child and emergency policies, arrivals and departures, drop-off and pick-up times, late pick-up policies, absences, finances, behavior management, and all other items specified.
4. I am aware that my child must be signed in upon arrival and signed out upon departure by an authorized adult noted on my child's Release Form, and that the signature must be a full signature. I agree to inform the Preschool at Forest Park if for any reason my child will not be attending on a regularly scheduled day.
5. I am aware of the hours of operation and agree to pick up my child promptly. I understand that due to staff scheduling requirements, a late pick-up fee of \$5.00 may be incurred for every 10 minutes that a child is picked up past program closing time.
6. I understand that it is my responsibility to notify preschool staff of any family/medical information pertinent to my child's health, safety, and well-being.
7. I agree to keep all family and emergency contact phone numbers up to date. If there are any custody issues, I will provide a court order indicating who the custodial parent/guardian is, and the names of persons to whom preschool staff may not release my child. I understand that Preschool at Forest Park must follow legal guidelines in custody issues.
8. I give my child permission to participate fully in this program and in all school activities.

**Child's Name** (please print): \_\_\_\_\_

**Name of Parent/Guardian** (please print): \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## TUITION AND FEES AGREEMENT

*The Preschool at Forest Park*

Please place your initials next to each statement and sign below:

- \_\_\_\_\_ I understand that tuition is based on a 9-month contract (September-May) and that the monthly rate is a calculation of the annual rate divided into 9 equal payments. I understand that the number of days in a month that school is in session does not affect the monthly payment rate, and that I will not receive adjustments in tuition fees for holidays or days missed. As long as my child is officially enrolled in preschool, tuition is due in full each month, regardless of illness, vacation, school holidays, scheduled breaks, or school closures during the 9-month academic year.
- \_\_\_\_\_ I understand that the preschool tuition for the month of September is due on or before August 19<sup>th</sup>.
- \_\_\_\_\_ I understand that a VISA or MasterCard Debit/Credit Card must be on file on my CivicRec Registration Online Account.
- \_\_\_\_\_ I understand that a late fee of \$50 will be applied to the monthly tuition if the monthly tuition is not paid by the due date of twenty-fifth (25th) day of the month. For example, October tuition is due September 25, etc.
- \_\_\_\_\_ I understand that if I choose to withdraw my child from the Preschool at Forest Park, I must fill out a **30-Day Notice of Withdrawal or Enrollment Modification** form, which is available online at [www.everettwa.gov/parks](http://www.everettwa.gov/parks). I understand that this form must be signed by the preschool instructor and recreation supervisor and that I must submit this form to the Recreation Office **at least 30 days in advance of my child's intended date of withdrawal or enrollment modification**. I understand that there will be no tuition credit or refund for the unused portion of the tuition already paid. If I fail to submit this signed form at least 30 days in advance of my child's withdrawal or enrollment modification, or if I withdraw my child from the Preschool at Forest Park without submitting this form, I understand that tuition is expected to be paid at the regular tuition schedule.
- \_\_\_\_\_ I understand that in addition to this **Tuition and Fees Agreement**, the entire **Registration Packet** which must be completed and on file with the Preschool at Forest Park before my child's first day of attendance.

\*\*\*\*\*

Today's Date: \_\_\_\_\_ Date Child Will Start Preschool: \_\_\_\_\_

Please Select Program and Section:

<i>For children ages 3 &amp; 4 - \$145 tuition / month</i>	<i>For children ages 4 &amp; 5 - \$155 tuition / month</i>
<input type="checkbox"/> Tuesday/Thursday – 9:30 - 11:30AM	<input type="checkbox"/> Monday/Wednesday – 9:00 - 11:30AM
<input type="checkbox"/> Tuesday/Thursday – 12:30 - 2:30PM	<input type="checkbox"/> Monday/Wednesday – 12:30 - 3:00PM

Child's Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_



---

## **30-DAY NOTICE OF WITHDRAWAL OR ENROLLMENT MODIFICATION**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Requested Change (please check one):**

☐ **Withdrawal from Program**

Reason for withdrawal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final day of attendance: \_\_\_\_\_

☐ **Enrollment Modification**

☐ Switching from: ☐ Monday/Wednesday AM    **TO**    ☐ Monday/Wednesday PM  
☐ Monday/Wednesday PM    ☐ Monday/Wednesday AM  
☐ Tuesday/Thursday AM    ☐ Tuesday/Thursday PM  
☐ Tuesday/Thursday PM    ☐ Tuesday/Thursday AM

Change effective (date): \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Preschool Instructor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Recreation Supervisor Signature**

\_\_\_\_\_  
**Date Received**